

Application for Residency

**Edward I. & Freda Fleischman Residence/
Louis C. & Edith B. Blumberg Plaza**

Eugene and Marcia Applebaum Jewish Community Campus, West Bloomfield



Mail application to:

Fleischman Residence/Blumberg Plaza

6710 West Maple Road

West Bloomfield, MI 48322 **248-661-2999**

www.jslmi.org

Hearing / Speaking Impaired

TTY# 711

Fleischman Residence/Blumberg Plaza, Licensed Home for the Aged, State of Michigan.

Brown Memory Care Pavilion, Licensed Home for the Aged, State of Michigan.

Name of Applicant #1 _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Birth Date _____

Social Security No _____ - _____ - _____ Gender Identity _____

Number of people to live in apartment _____

Name of Applicant #2 _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

Cell Phone (_____) _____ Birth Date _____

Social Security No _____ - _____ - _____ Gender Identity _____

Relationship to applicant _____

To be completed by JSL Staff received via mail in person other _____

Date Received: _____ Time _____ am pm JSL Staff Initials _____

Date added to waitlist _____

Alternate Contact Person/Sponsor

Please list the name and contact information of another person who can be contacted.

- I agree that JSL staff may also speak with my **Alternate Contact Person**, whose name and telephone number is provided below, regarding my position on the wait list or when an apartment becomes available. Yes No
- A Sponsor is an individual who is the chosen representative and primary contact for the resident. Yes No
Is this person your sponsor?

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Cell Phone (_____) _____

Email _____

Relationship to applicant _____

- How did you hear about Jewish Senior Life of Metropolitan Detroit? (check all that apply) Friend Family HUD
 Physician or Agency Referral Internet Other _____
- When do you think you will be ready to move? Immediately 1-6 months 6 months-1 year
 1 year or more 2 years or more

Financial Resources*

- **State the total value of all assets held by applicant(s): \$** _____

This figure should include (but is not limited to) all of your investments, real estate, deposit accounts, insurance policies, pre-purchased burial plots, and personal property which you or members of your household are retaining as an investment.

- **State the amount of money that you (and additional applicant, if applicable) have given in the form of gifts to family, or charitable donations, in the last two years: \$** _____

- **State the total gross income of applicant(s): (Check one that applies) \$** _____ Monthly Annually

This figure should include (but is not limited to) employment income, Social Security, pensions, IRA distributions, annuity disbursements, dividends, veterans benefits, S.S.I., and monetary contributions made to you by someone outside of your household.

- **State the total amount spent on medical expenses annually: \$** _____

This figure should include (but not limited to) whatever you typically spend out-of-pocket for any of the following: doctor's office co-pays, dental work, transportation to medical appointments, health insurance premiums, and prescription drugs.

*Eligibility for occupancy will be based upon a thorough financial review that will be conducted at the time you accept an apartment.

Other Information

- **Do you own a house?** Yes No
If so, what is the appraised value used for property tax purposes? \$_____
- **Do you receive Medicare?** Yes No **Do you receive Medicaid?** Yes No
Do you have any supplemental insurance beyond that of Medicare? Yes No
Specify: _____
If so, what is the total amount you pay in premiums annually? \$_____
- **Was your assistance or tenancy ever terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?** Yes No
- **In what type of dwelling do you live?** House Condo Apartment Other_____
- **Do you have Long Term Care Insurance?** Yes No
- **Are you or your spouse a war veteran?** Yes No
- **If you need translation assistance, please indicate the language:** _____



JSL, a senior living community, provides equal housing opportunity to all persons regardless of race, color, religion, sex, disability (handicap), family status, without regard to actual or perceived sexual orientation, gender identity, marital status, or national origin.

This is to certify that the foregoing information is, to the best of my/our knowledge and belief, true and accurate. As an applicant to JSL, I agree and acknowledge that all JSL buildings have been designated as a smoke free environment. I, also, understand that if and when I become a resident of JSL, I will be required to sign a separate no-smoking policy document, which is considered part of the apartment lease/admission contract and this policy is incorporated into the JSL House Rules and Regulations, which is an attachment to the lease agreement.

Date: _____

Applicant Name PRINT

Applicant Name PRINT

Applicant Signature

Applicant Signature

Please check if applicable

- I have a Legal Guardian**
(Legal Guardian - appointed by probate Court to handle personal matters and decision making on behalf of the applicant.)
- I have a Durable Power of Attorney**
(Durable Power of Attorney - A legal document that enables and individual to designate another person to act on his/her behalf, even in the event the individual becomes disabled or incapacitated.)
- I have a Power of Attorney**
(Power of Attorney - An authorization to act on someone else's behalf in a legal or business matter.)

It is the responsibility of the applicant to notify Jewish Senior Life of Metropolitan Detroit of address or telephone changes.
Failure to do so may result in dismissal of the application.

Jewish Senior Life and Jewish Apartments & Services, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulating implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Compliance Coordinator: Michelle Buda
15000 W. 10 Mile Road, Oak Park, MI 48237
Ph. 248-592-1101 TTY# 711

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Если вы имеете инвалидность и просите ,чтобы на основании этого были сделаны какие-либо изменения в квартире, или вам нужен перевод с английского, обратитесь к нам, и мы обеспечим доступ к этим услугам основываясь на ваших индивидуальных нуждах

Si usted está incapacitado y desea solicitar un alojamiento razonable o si tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de que le proporcionen un acceso significativo basado en sus necesidades individuales.